



CERTIFIED ACTIVITY REPORT FOR FUEL DISPENSING

Lessee / Permittee Name: ADA#:
Period of Report: Start End Airport:

FUEL TYPE	GALLONS OF FUEL SUBJECT TO THE RATE		RATE	AMOUNT DUE
	<small>If Not Applicable, enter N/A If zero, enter 0</small>			
Aviation Fuel	<input type="text"/>	x	\$ 0.022 /gal	\$ <input type="text"/>
Jet Fuel	<input type="text"/>	x	\$ 0.022 /gal	\$ <input type="text"/>
Non-Aviation Fuel	<input type="text"/>	x	\$ 0.022 /gal	\$ <input type="text"/>
(Auto/Regular Gas) (Heating fuel sales are exempted from the fuel sales fee)				
TOTAL FUEL FLOWAGE FEE DUE:				\$ <input type="text"/>

CHECK ONE IF ANY OF THE ABOVE BOXES ARE ZERO:

<input type="checkbox"/> This period I did not distribute or sell any gallons of the following fuel:	<input type="checkbox"/> I wholesaled only and my customers pay their own fee. My customers were:
<input type="checkbox"/> Aviation	<input type="text"/>
<input type="checkbox"/> Jet	<input type="text"/>
<input type="checkbox"/> Non-Aviation	<input type="text"/>

Name of fuel supplier:

PAYMENT:

<input type="checkbox"/> Enclosed is my check covering the fuel flowage fees due.	
<input type="checkbox"/> Charge the fees due to my credit card (\$5,000 limit):	
<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
Expiration Date	<input type="text"/>
Credit card number:	<input type="text"/>
CVC	<input type="text"/>
Name printed on card:	<input type="text"/>
Billing Statement Address:	<input type="text"/>
Zip	<input type="text"/>
<input type="checkbox"/> Please fax a receipt to me at fax number:	<input type="text"/>

I hereby certify that my firm is authorized by the State of Alaska, Department of Transportation and Public Facilities to dispense fuel and that the figures presented above are true and correct.

Name: Title:
Signature: Date: